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**INFORMATIONAL LETTER #93-11**

**DATE:** April 12, 1993

**TO:** ALL SKILLED NURSING FACILITIES

**FROM:** Jean Schoonover, R.N., Chief  
Bureau of Facility Standards

**SUBJECT:** Maintenance of Incident and Accident Reports

Surveyors have recently received questions concerning the requirements for maintenance of incident and accident reports. While the vast majority of the facilities properly maintain the records and make them available to the surveyors, there are a few facilities that follow a procedure that does not make the records readily available to surveyors. This informational letter is provided to let you know why the survey agency looks at the records, what surveyors look for, how the information is used, and what the benefit is to the residents. It also addresses what procedures for off-site maintenance of records is acceptable. Remember, this is a state licensure requirement, which is more prescriptive than the federal requirements.

Title 3, Chapter 2, Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities in Idaho, Section 16.03.02003, 01.a, states:

- a. The facility and all related buildings associated with the operation of the facility, **as well as all records required under these rules, shall be accessible at any reasonable time to authorized representatives of the Department for the purpose of inspection, with or without prior notice.**

Section 16.03.02100, 12.c, states:

- c. An incident-accident record shall be kept of all incidents or accidents sustained by employees, patients/residents, or visitors in the facility, and shall include the following information:
  - i. Name and address of employee, patient/resident, or visitor;

- ii. A factual description of the incident or accident;
- iii. Description of the condition of the patient/resident, employee or visitor including any injuries resulting from the accident; and
- iv. Time of notification of physician, if necessary.

Section 16.03.02100,12.f, states:

- f. Immediate investigation of the cause of the incident or accident shall be instituted by the facility administrator and any corrective measures indicated shall be adopted.

These regulations have been in effect for many years. A review of previous regulations indicates that these requirements were in effect as early as 1963.

**The intent** of these regulations is to require each facility to thoroughly investigate each incident or accident, evaluate as to the cause, and make corrections as necessary, thereby assuring that preventable incidents or accidents are not repeated. The Department reviews the reports during the survey to assure that a report of each incident is retained, an investigation is made, and that necessary corrective actions are taken in a timely manner. The Department cannot fully verify this process without full access to the reports. Residents benefit from this process through the assurance and verification that all possible precautions are taken to avoid repeated incidents or accidents.

The Department is aware, regardless of how well this process might work, that no facility is able to assure that accidents will never occur. Neither is it the intent of the Department to unwittingly expose long term care facilities to frivolous or thoughtless lawsuits. Incident and accident reports become an issue, both to the facility and the Department, if they show a lack of timely investigation, lack of conclusive findings, or lack of aggressive corrective action where appropriate.

These reports should be used by the facility to identify trends in the facility, either by the residents, staff involved, or time of day the incidents occur, and can be a valuable tool in avoiding lawsuits.

The survey process for this regulation will be reviewed to assure that deficiencies are not cited from the incident and accident reports, based on numbers alone, in situations where the facility could not reasonably be expected to anticipate a problem. Deficiencies, if cited, will be based on incident or accident reports when the facility is unable to show that adequate investigation has been completed, or when the facility is unable to show that corrective measures have been taken, based on a complete investigation in a timely manner.

Additional areas of survey concerns involve facilities where high numbers of incident and accident reports are filed with documentation of the following: lacerations, abrasions, or bruises of unknown origin, particularly when the facility is short staffed or fails to aggressively investigate and identify the cause after repeated incidents.

In conclusion, in order for survey staff to verify that the facility meets these requirements, they must have unimpeded access to all incident reports that have occurred in the last year. The intent of the regulation is for the facility to maintain these reports on-site, at the facility. A few facilities have opted to keep the reports in their corporate offices. This procedure is acceptable, provided the reports are made available to the surveyors upon request. Surveyors cannot be expected to request the reports by patient name. All reports over a specified period of time, as requested by the surveyor, must be made available before the surveyors complete the full survey.

**Failure to provide incident and accident reports seriously hinders the Department's ability to verify steps that are taken to protect resident's health and safety and will be cited during future surveys.**

If you have any questions or comments, please feel free to contact this office at 334-6629.

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Jean Schoonover, R.N., Chief  
Bureau of Facility Standards

JS/tm

cc: John Hathaway  
Idaho Health Care Association

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